



CITY OF SAN ANTONIO

NEIGHBORHOOD ACTION DEPARTMENT

1400 South Flores / San Antonio, Texas 78204-1542

(210) 207-7881 / Fax (210) 207-7914

Partners with the Community

Dear Applicant:

Thank you very much for your interest in the City's Owner Occupied Rehabilitation Program. Attached you will find the application you need to complete in order to determine if you qualify for the program. In addition, you will find other information about the program including:

- Program Eligibility Requirements
- Repayment Provisions
- Applicant Check List
- Program Application

Funds are limited for the Program and applications will be accepted on a "first-come, first-served" basis. Please contact our office on **August 8, 2005, at 207-7881** for an appointment to have your application processed for eligibility. If you need assistance in filling out the application, feel free to call our office for assistance. **Incomplete applications will not be accepted.**

Thank you for your interest in our program and we look forward to helping you with safe, decent and affordable housing.

Sincerely,

David D. Garza
Director

Innovations in American Government 1999 Finalist



**CITY OF SAN ANTONIO
NEIGHBORHOOD ACTION DEPARTMENT
1400 SOUTH FLORES
SAN ANTONIO, TEXAS 78204**

OWNER-OCCUPIED REHABILITATION PROGRAM APPLICATION

**APPLICATION CHECKLIST
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

A complete application **MUST** contain the following information:

- ☐ Application for Owner-Occupied Rehabilitation Program (completed and signed).
- ☐ Consent to Release Information (signed).
- ☐ Verification of Employment if employed (signed and completed by the employer—both husband and wife, and all members in household).
- ☐ Current Picture I.D. (Texas Driver's License or Texas Department of Public Safety I.D.)
- ☐ Copies of last two (2) pay stubs (both husband and wife, and all members in household if applicable).
- ☐ IF self-employed, complete copy of Income tax returns for the past two (2) years.
- ☐ Copy of all public assistance or retirement checks (Social Security, Civil Service, etc.) or the award letter from the supportive Agency stating the current amount being received.
- ☐ If you have rental income, a notarized statement of the amount received monthly. Do you pay utilities? What is the location of your rental property? What is the mortgage balance and monthly payment? How much do you pay annually for taxes and insurance?
- ☐ If you are divorced, a copy of the divorce decree and the Deed from your spouse, along with verification of child support if any.
- ☐ Copy of paid utility bills (gas, electricity, water) for the last two (2) months.
- ☐ Copy of paid receipts for all real estate taxes (County, City and School).
- ☐ Copy of Home Insurance Policy.
- ☐ Warranty Deed – showing clear title or vendor's lien with a mortgage balance of \$5,000 or less (if mortgaged, must bring in payment booklet).

If you cannot make it to the scheduled application appointment date, then you **must** provide your representative with a copy of a **Power of Attorney**.

If you need assistance in completing your application prior to your appointment, please call **207-5404** Monday - Friday between the hours of 8:00 a.m. to 4:30 p.m.

Application appointments will be scheduled on a first-come first served basis. Appointments must be scheduled to determine qualification for assistance. Assistance is limited, so schedule your appointment by calling 207-7881.

SE HABLA ESPAÑOL

OWNER-OCCUPIED REHABILITATION PROGRAM APPLICATION

PROGRAM ELIGIBILITY REQUIREMENTS

Property must be:

1. Within the city limits of San Antonio;
2. Designated a homestead with Bexar Appraisal District;
3. Debt-free, or mortgage balance must not exceed \$5,000;
4. Meet applicable zoning and code requirements; and
5. Current and up-to-date on all property taxes.

Applicant(s) must:

1. Occupy the property;
2. Provide valid picture identification (Texas Driver License or Department of Public Safety Picture Identification card);
3. Have Acceptable Credit (no bankruptcy, judgments) or if no credit history has been established, a 12 month current payment history for rent and/or utilities will be the standard with no more than one late payment in a year's time;
4. Have current property insurance or provide it within 30 days prior to assistance;
5. Be a U. S. Citizen and/or Legal Resident Alien; and
6. Meet HUD established Income Guidelines of 80% of Area Median Income below:

HUD PROGRAM INCOME LIMITS (2/2005)
(Median Income \$51,500) Effective Date February 11, 2005

Family of	<30%	31-50%	51-60%	61-80%
1	\$10,815	\$18,025	\$21,630	\$28,840
Monthly	\$901	\$1,502	\$1,803	\$2,403
2	\$12,360	\$20,600	\$24,720	\$32,960
Monthly	\$1,030	\$1,717	\$2,060	\$2,747
3	\$13,905	\$23,175	\$27,810	\$37,080
Monthly	\$1,159	\$1,931	\$2,318	\$3,090
4	\$15,450	\$25,750	\$30,900	\$41,200
Monthly	\$1,288	\$2,146	\$2,575	\$3,433
5	\$16,686	\$27,810	\$33,372	\$44,496
Monthly	\$1,391	\$2,318	\$2,781	\$3,708
6	\$17,922	\$29,870	\$35,844	\$47,792
Monthly	\$1,494	\$2,489	\$2,987	\$3,983
7	\$19,158	\$31,930	\$38,316	\$51,088
Monthly	\$1,597	\$2,661	\$3,193	\$4,257
8	\$20,394	\$34,990	\$40,788	\$54,384
Monthly	\$1,700	\$2,833	\$3,399	\$4,532

OWNER-OCCUPIED REHABILITATION PROGRAM APPLICATION

REPAYMENT PROVISIONS

LOAN TERM BASED ON AREA MEDIAN INCOME CATEGORIES

- **For applicant(s) who are under 30% of the Area Median Income**, a combination of grant and a deferred payment loan* will be provided.
- **For applicant(s) between 31% and 60% of the Area Median Income**, a combination of grant, a low interest loan at 1%, and a deferred payment loan* will be provided.
- **For applicant(s) between 61% and 80% of the Area Median Income**, a combination of *grant*, a low interest loan at 3%, and a deferred payment loan* will be provided.

***NOTE:** Applicants age 65 and over, and/or *disabled citizen* will receive a 15-year term deferred payment, forgivable loan in lieu of a deferred payment loan. “Disabled Citizen” is defined as a disabled person receiving disability insurance benefits under the Federal Old Age, Survivors and Disability Insurance Act administered by the Social Security Administration. Documentation for said benefit will be required.

TYPES OF ASSISTANCE

The Owner-Occupied Rehabilitation Program will assist homeowners by providing a combination of a **grant**, a **low-interest loan**, and a **15-year term deferred payment, forgivable loan** or a **deferred payment loan** to cover the cost of the rehabilitation. Loans provided to rehabilitate the property will be secured by liens, which will be placed on the property at the time of assistance. A definition of each type of assistance is as follows:

- **A Grant** is provided for the portion of the assistance needed to address environmental issues. This portion of assistance requires no payment.
- **A Low Interest Loan** is provided for the portion of assistance based on the applicant(s) ability to pay. The loan will be repaid at an interest rate not to exceed 3% over a specific loan term. The loan is in place as long as the applicant(s) continues to reside in the rehabilitated home. Loan balances are due and payable upon sale or transfer of the property.
- **15-year Term Deferred Payment, Forgivable Loan** is provided to an applicant age 65 and older and/or a Disabled Citizen as defined above. The loan amount is the balance of the total amount of assistance not eligible for grants and exceeds the low interest loan amount. The loan payments for a term-deferred payment loan are deferred for 15-years and forgiven on the 15th anniversary of assistance. The applicant(s) must reside in the rehabilitated home for the 15-year deferment period. 100% of loan balances are due and payable upon sale or transfer of the property prior to the expiration of the deferment period.
- **A Deferred Payment Loan** is provided to an applicant not eligible for a 15-year term deferred payment, forgivable loan. The loan amount is the balance of the total amount of assistance not eligible for grants and exceeds the low interest loan amount. The loan payments for a deferred payment loan are deferred yearly as long as the applicant(s) continues to reside in the rehabilitated home. Loan balances are due and payable upon sale or transfer of the property. The City’s repayment amount of the deferred payment loan will be 50% of the *appraised value* of the property, or 100% of the deferred payment loan balances, whichever is less. *Appraised Value* is the value of the home as determined by Bexar Appraisal District at the time of sale or transfer.

**City of San Antonio
Neighborhood Action Department
OWNER OCCUPIED REHABILITATION**

FOR OFFICE USE ONLY

Census Tract: _____

SHTA/Area: _____

Precinct: _____

Zoning: _____

Council District: _____

DATE OF APPLICATION _____

REFERRED BY _____

APPLICANT'S NAME		DATE OF BIRTH		SPOUSE		DATE OF BIRTH	
ADDRESS (Number, Street, Zip)				HOME PHONE		NAME & PHONE NO. OF RELATIVE	
MARITAL STATUS (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law				DEPENDENTS No. _____ Ages _____ OTHER INDIVIDUALS IN HOUSEHOLD: No. _____ Ages _____			
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
POSITION OR TITLE		NO. OF YEARS		POSITION OR TITLE		NO. OF YEARS	
SOCIAL SECURITY NUMBER		WORK PHONE		SOCIAL SECURITY NUMBER		WORK PHONE	
TOTAL GROSS MONTHLY INCOME				MORTGAGE/HOUSE PAYMENTS			
<u>SOURCE</u>	<u>APPLICANT</u>	<u>SPOUSE</u>	<u>TOTAL</u>	NAME, ADDRESS, AND ZIP CODE OF NOTEHOLDER Date of Purchase _____ Balance of Mortgage \$ _____ Total Monthly Payment \$ _____			
<u>Employment *</u>	\$ _____	\$ _____	\$ _____				
<u>Dividends/Interest</u>	\$ _____	\$ _____	\$ _____				
<u>Rental</u>	\$ _____	\$ _____	\$ _____				
<u>Social Security</u>	\$ _____	\$ _____	\$ _____				
<u>Retirement</u>	\$ _____	\$ _____	\$ _____				
<u>VA, Civil Service</u>	\$ _____	\$ _____	\$ _____				
<u>OTHER **</u>	\$ _____	\$ _____	\$ _____				
<u>TOTAL INCOME</u>	\$ _____	\$ _____	\$ _____				

* If you have been employed in your current position for less than two years, please provide the name and address of your previous employer(s).

** Describe "Other" income and provide the recipient's name, the source of the money, and the monthly amount received.

NOTICE: REGARDING "OTHER" INCOME: Alimony, child support, or separate maintenance **MUST** be revealed. If you do not choose to have it considered as a basis for repaying this loan, please mark an "X" next to the amount received.

[illegible]

CONSENT TO RELEASE INFORMATION

I hereby authorize the release of information from your records to the City of San Antonio Neighborhood Action Department (NAD). This authorization is made in connection with an application that has been made for assistance in repairing your home.

Your prompt reply containing the required information will be appreciated.

Sincerely,

Signature of Applicant

Social Security Number

Signature of Applicant

Social Security Number

Applicant's Home Address

LIST ALL OTHER RESIDENTS AND THEIR INCOMES BELOW

(If more room is needed, please turn sheet over.)

Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

.....
Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

.....
Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

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REQUEST FOR VERIFICATION OF EMPLOYMENT

DATE OF THIS REQUEST _____

APPLICANT'S NAME, ADDRESS, ZIP CODE		EMPLOYER'S NAME, ADDRESS, ZIP CODE	
AUTHORIZATION BY APPLICANT I authorize my employer to furnish the data regarding my employment as requested below. Signature _____ Social Security No. _____ Date _____		NOTE TO EMPLOYER The applicant identified has applied for a home improvement loan. The applicant has authorized NAD to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this Department. Please furnish the data requested and return this form, using the self-addressed envelope provided.	
EMPLOYER'S VERIFICATION			
Position held		Rate of Pay (if employee works less than 40 hours per week, please indicate the average hours worked.)	
Dates of Employment FROM _____ TO _____		<u>Hourly</u> \$ _____	<u>Hrs. Per Week</u> _____ <u>Annual</u> \$ _____
Probability of continued employment		Additional Compensation (Actual amounts received past 12 months)	
REMARKS		Overtime	\$ _____
		Commissions	\$ _____
		Bonus	\$ _____
		If applicant is in military service, provide income on monthly basis as follows: Base Pay \$ _____ Quarters and Subsistence \$ _____ Flight/Hazard Duty Pay \$ _____	
Signature of Employer The above information is furnished in strict confidence, in response to your request. Signature _____ Title _____ Date _____		RETURN TO: CITY OF SAN ANTONIO NEIGHBORHOOD ACTION DEPARTMENT 1400 SOUTH FLORES SAN ANTONIO, TEXAS 78204 ATTENTION: Owner Occupied Rehabilitation Program	

REQUEST FOR VERIFICATION OF MORTGAGE OR DEED OF TRUST

DATE OF THIS REQUEST _____

APPLICANT'S NAME, ADDRESS, ZIP CODE 		MORTGAGEE'S NAME, ADDRESS, ZIP CODE ACCOUNT NO. _____	
AUTHORIZATION BY APPLICANT I authorize the mortgagee to furnish the information regarding the mortgage identified above. Signature _____ Date _____		NOTE TO MORTGAGEE/NOTE HOLDER The applicant identified herein has applied for a home improvement loan. The applicant has authorized NAD to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Department. Please furnish the information requested, and return in the self-addressed envelope provided.	
MORTGAGE DATA			
<u>Date of Mortgage</u>	Date of Maturity	Type of Mortgage: <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> FHA <input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> VA	
Original Mortgage Amount \$ _____	Present Balance \$ _____		
<u>PAYMENTS</u> Principal and Interest \$ _____ Mortgage Insurance Premium \$ _____ Real Estate Taxes \$ _____ Property Insurance \$ _____ TOTAL MONTHLY MORTGAGE \$ _____		Are payments current? <input type="checkbox"/> YES <input type="checkbox"/> NO If not current, amount in arrears \$ _____ Number of payments in arrears _____	
REMARKS		State the amount of termination fee or prepayment penalty payable upon full repayment of the loan. \$ _____	
Signature of Mortgagee Signature _____ Title _____ Date _____		Has this account been satisfactory? <input type="checkbox"/> YES <input type="checkbox"/> NO RETURN TO: <div style="text-align: center;"> CITY OF SAN ANTONIO NEIGHBORHOOD ACTION DEPARTMENT 1400 SOUTH FLORES SAN ANTONIO, TEXAS 78204 </div> ATTENTION: Owner Occupied Rehabilitation Program	